

Case Number:	CM15-0085285		
Date Assigned:	05/07/2015	Date of Injury:	05/21/1999
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67-year-old female, with a reported date of injury of 05/21/1999. The diagnoses include cervical spinal stenosis with bilateral upper extremity radiculopathy, cervicogenic headaches, lumbar myoligamentous injury, right shoulder internal derangement, status post acromioplasty and coracoacromial ligament resection, reactionary depression/anxiety, medication-induced gastritis, and obesity. Treatments to date have included an intrathecal morphine pump trial, with at least 70% pain relief; a walker; oral medications; a wheelchair; x-ray of the cervical spine; x-ray of the right shoulder; cervical discogram; electrodiagnostic studies of the upper extremities; an MRI of the cervical spine; and an MRI of the right shoulder. The follow-up pain management consultation dated 04/07/2015 indicates that the injured worker continued to complain of neck pain with radiation down to both upper extremities, the thoracic spine, and lumbar spine. The pain made it difficult for the injured worker to walk and be functional throughout the day. The objective findings include tenderness to palpation of the bilateral posterior cervical musculature and numerous trigger points, decreased cervical range of motion, and tenderness throughout the cervical paraspinal muscles, tenderness to palpation along the lumbar musculature bilaterally, and decreased lumbar range of motion. It was noted that the oral pain medications continued to cause dizziness, constipation, gastritis with gastroesophageal reflux disease (GERD), and cognitive deficits. The treating physician requested Zofran 8mg #10 for refill.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zofran tab 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran®).

Decision rationale: The requested Zofran tab 8mg #10, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines, Pain (Chronic), Ondansetron (Zofran), note, "Not recommended for nausea and vomiting secondary to chronic opioid use." The injured worker has neck pain with radiation down to both upper extremities, the thoracic spine, and lumbar spine. The treating physician has documented tenderness to palpation of the bilateral posterior cervical musculature and numerous trigger points, decreased cervical range of motion, and tenderness throughout the cervical paraspinal muscles, tenderness to palpation along the lumbar musculature bilaterally, and decreased lumbar range of motion. The treating physician has not documented duration of treatment, nor derived functional improvement from its use. The criteria noted above not having been met, Zofran tab 8mg #10 is not medically necessary.